



CARING

Adult Healthcare Services

Barbara A. Jewell, RN, CALA
Acting Executive Director

The Fair Housing Act prohibits discrimination in housing transactions with respect to race, color, religion, sex, disability, familial status, or national origin.

Dear Applicant:

Thank you for your interest in the Delilah Road Apartments, which are managed by CARING Residential Services II-A. To qualify for an apartment the head of household, spouse, or sole member must be at least 62 years of age or more at the time of initial occupancy. **Documentation of the applicant's age, which includes copies of a birth certificate, or Social Security or military documents, will be required with the application.** In addition, the yearly income of a single applicant or that of a couple must meet the United States Department of Housing and Urban Development (HUD) very low income standard.

Applicants from the original CRS II waiting list who complete a CRS II-A application will be given a preference. Other preferences include a household containing a person with a disability, and individuals who reside or are employed within the City of Pleasantville (documentation of the applicant's address or employer is required). A higher priority will be given to applicants who qualify for more than one preference category; the greatest priority will be awarded to those who qualify for the most preference categories.

To claim a preference for a disability verification must be included with the application. Documentation of disability must confirm only the existence of a disability and not the nature or extent of the disability. Verification of disability may be provided by form or a letter from a physician, psychologist, or other licensed health care professional.

Applicants will be selected from the waiting list in chronological order to fill vacancies. Copies of the Tenant Selection Plan and the Affirmative Fair Housing Marketing Plan are available upon request.

Completed applications can be mailed to: CARING Residential Services II-A, P.O. Box 964, Pleasantville, NJ 08232.

Fred Meineke, CSW, SOS
Social Worker/Occupancy Specialist

P.O. BOX 964 ♦ PLEASANTVILLE ♦ NEW JERSEY 08232 ♦ TEL. (609) 484-7050 ♦ FAX (609) 641-0674
TTY/TTD use NJ Relay 711

e-mail: info@caringinc.org ♦ <http://www.caringinc.org>

Member

The Gerontological Society of America ♦ The National Council on the Aging ♦ American Society on Aging
Adult Day Health Services • Residential Homes

APPLICATION FOR RENTAL

APPLICATION MUST BE FULLY COMPLETED IN ORDER TO BE ACCEPTED
DO NOT USE "N/A" **Please Print**

HEAD OF HOUSEHOLD:

Full Legal NAME: _____
First Middle Last (Current Phone No.)

DOB: ____ / ____ / ____ SS# ____ - ____ - ____ Occupation: _____

MARITAL STATUS: (circle one) Married Single Divorced Widowed

FOR STATISTICAL PURPOSES ONLY: (circle one) ** OPTIONAL **

WHITE	BLACK	AMERICAN INDIAN	ALASKAN NATIVE	ASIAN / PACIFIC ISLANDER
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PLEASE DESIGNATE ETHNICITY (OPTIONAL): (circle one) HISPANIC NON-HISPANIC

SPOUSE/CO-HEAD:

Full Legal Name: _____
First Middle Last (Current Phone No.)

DOB: ____ / ____ / ____ SS# ____ - ____ - ____ Occupation: _____

OTHER HOUSEHOLD MEMBERS WHO WOULD LIVE IN YOUR APARTMENT:

1. Full Legal Name: _____ DOB: ____ / ____ / ____
First Middle Last

Relationship: _____ Soc. Sec. No.: ____ - ____ - ____

2. Full Legal Name: _____ DOB: ____ / ____ / ____
First Middle Last

Relationship: _____ Soc. Sec. No.: ____ - ____ - ____

3. Full Legal Name: _____ DOB: ____ / ____ / ____
First Middle Last

Relationship: _____ Soc. Sec. No.: ____ - ____ - ____

Are you or any household member under 18 years of age **AND** an emancipated minor?
Yes _____ No _____

ADDRESSES REQUIRED FOR LAST THREE (3) YEARS

Please list any additional addresses on a separate sheet of paper.

(You must list all residences in the **past THREE years** and supply names and phone numbers for landlords, even if they are friends or relatives.)

CURRENT ADDRESS: _____
Number/Street Apt/Box# City/State/Zip

Landlord: _____

Landlord's Telephone#: _____

Landlord's Address: _____
Number/Street Apt/Box# City/State/Zip

Dates of Tenancy: from _____ to _____
Month/Year Month/Year

PREVIOUS ADDRESS: _____
Number/Street Apt/Box# City/State/Zip

Landlord: _____

Landlord's Telephone#: _____

Landlord's Address: _____
Number/Street Apt/Box# City/State/Zip

Dates of Tenancy: from _____ to _____
Month/Year Month/Year

2ND PREVIOUS ADDRESS: _____
Number/Street Apt/Box# City/State/Zip

Landlord: _____

Landlord's Telephone#: _____

Landlord's Address: _____
Number/Street Apt/Box# City/State/Zip

Dates of Tenancy: from _____ to _____
Month/Year Month/Year

NAMES AND TELEPHONE NUMBERS OF TWO FRIENDS OR RELATIVES WHOM WE MAY CONTACT IF WE ARE UNABLE TO REACH YOU AT THE PHONE NUMBER LISTED ABOVE:

NAME: _____ PHONE No. () _____

NAME: _____ PHONE No. () _____

CURRENT SOURCE OF ALL INCOME FOR ALL HOUSEHOLD MEMBERS:

List all income sources. This includes but is not limited to: full/part-time employment, all income from Welfare Agencies, Social Security Pension, SSI, Disability Compensation, Armed Forces Reserves, Retirement Plan, Unemployment Compensation, Baby-Sitting, Care Taking of Elderly/Disabled, Alimony, Child Support, Scholarships, and Grants for living expenses, Real Estate Contracts, regular contributions from people not residing with you.

LIST NAME OF AGENCY PROVIDING INCOME & ADDRESS OF EMPLOYER OR PERSON CONTRIBUTING TO YOUR INCOME FOR EACH HOUSEHOLD MEMBER:

Agency/Employer/Person Contributing to Your Income for Head of Household:

Monthly Gross Income (Includes Medicare Premiums)

\$ _____

\$ _____

\$ _____

For Spouse/Co-Head:

\$ _____

\$ _____

For Other:

\$ _____

\$ _____

TOTAL GROSS INCOME FROM ALL SOURCES: \$ _____

ASSETS: List all assets which include: but are not limited to average balance in checking account for previous 6 months, sum in savings accounts, and safety deposit boxes. Current value of stocks, bonds, certificates of deposit, real estate or other capital investments and cash on hand.

CHECKING ACCOUNTS: (List all accounts your name is on.)

Bank _____ Account# _____ Current Balance \$ _____
Bank _____ Account# _____ Current Balance \$ _____

PASSBOOK SAVINGS: (List all accounts your name is on.)

Bank _____ Account# _____ Average Balance \$ _____
Bank _____ Account# _____ Average Balance \$ _____

CERTIFICATES OF DEPOSIT: (List all accounts your name is on.)

Bank _____ Certificate# _____ Average Balance \$ _____
Bank _____ Certificate# _____ Average Balance \$ _____

CREDIT UNION SHARES:

Credit Union Name _____ Balance \$ _____

STOCKS AND BONDS: Current Value \$ _____ List Stocks or Bonds _____

Do you own real estate? Yes _____ No _____ If yes, give full address of property.

Do you hold a real estate contract? Yes _____ No _____

LIST ALL ADDITIONAL ASSETS ON A SEPARATE SHEET OF PAPER.

DISPOSAL OF ASSETS:

Have you disposed of any assets for less than fair market value or given any assets away in the past two (2) years?

Yes _____ No _____ If yes, complete the following:

Asset(s) _____ Market Value \$ _____

Monetary Value received: \$ _____ Date of Disposal: _____

In order to be considered for Section 8 housing under this contract the Head of Household or Spouse must be at least 62 years of age, or handicapped, or disabled. Are you applying under this status?

Yes _____ No _____

CURRENT HOUSING STATUS:

1. Have you ever been, or are you now being evicted, or a party to any dispute over rent, resident relations, or HUD subsidy? Yes _____ No _____ If yes, please explain. _____

2. If you are receiving, or have received HUD rental assistance, has your assistance ever been terminated for fraud, non-payment of rent, failure to cooperate with the recertification process or any other reason? Yes _____ No _____ If yes, please explain. _____

3. Have you notified your current landlord you are moving? Yes _____ No _____

Give reason for moving: _____

4. How did you hear about our complex? _____

INCOME, ASSETS AND EXPENSES:

If you answer **yes** to any of the following questions, please explain.

5. Is any member of your household employed full time, part time, or seasonally? Yes _____ No _____

6. Does any member of your household expect to work for any period of time during the next twelve months? Yes _____ No _____ List who, when and name of employer.

7. Does any member of your household receive or expect to receive alimony, child support, AFDC, unemployment benefits, or welfare assistance? Yes _____ No _____ If yes, please state, which one(s) and total gross amount anticipated. \$ _____

8. Does any member of your household now receive or expect to receive income from a pension, or annuity? Yes _____ No _____ Explain: _____

9. Does any member of your household receive income from assets including, but not limited to, interest on checking, savings and CD's or real estate contracts? Yes _____ No _____ Explain: _____

10. Does any member of your household receive regular cash contributions from individuals not living in the unit, or from agencies? Yes _____ No _____ If yes, explain: _____

11. Do you or any member of your household hold a life insurance policy: Yes _____ No _____
12. Are you able to comply with the obligations of tenancy with, or without help, or other accommodations?
Yes _____ No _____

Do you have adequate help to care for any special needs you have? Yes _____ No _____

If "No" to either question, please explain. _____

13. Are you applying for a wheel chair accommodating unit? Yes _____ No _____
NOTE: A wheel chair accommodating unit is different from other units because it is equipped as follows: Lower counters, cupboards, sink, stove and oven, space under sinks, and raised commode.
(A DOCTOR'S VERIFICATION WILL BE REQUIRED FOR THIS TYPE OF UNIT).
14. Are you, or any member of your household currently an illegal user of a controlled substance or, have been convicted of the illegal manufacture, or distribution of a controlled substance, or convicted of illegal use of a controlled substance? Yes _____ No _____
15. Have you, or any member of your household been convicted of a felony or a drug or violence misdemeanor?
Yes _____ No _____
If yes to 14 or 15, explain. _____
16. Have you or your spouse/co-applicant ever used different names from the names given in this application?
Yes _____ No _____ If Yes, Please List: _____
17. Have you or any member of your household ever used social security numbers different from those listed in this application? Yes _____ No _____ If Yes, Please List: _____

PET DECLARATION:

Do you or any member of your household have a pet? Yes _____ No _____

Kind of Pet: _____ Breed: _____ Size: _____ lbs. Height _____ in.

AUTOMOBILE(S):

Make	Model	License Plate #	Driver's License #
Make	Model	License Plate #	Driver's License #

ALL APPLICATIONS MUST BE SIGNED BY ALL APPLICANTS AND CREDIT REPORTS WILL BE RUN THROUGH CREDIT BUREAU INFORMATION SERVICES.

WARNING: Section 1001 of Title 28 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to matters within it's jurisdiction.

I/We affirm that the foregoing information is true and correct to the best of my/our knowledge and authorize verification of any and all information contained herein including, but not limited to, bank accounts, current and previous landlords, rental history, all assets and income, credit information, running a credit report, and ability to comply with obligations of tenancy, with or without help.

Signature of Head of Household

Date

Signature of Co-Applicant/Co-Head/Spouse

Date

The information contained; herein, will be kept confidential in your private file. If any or all of this application is filled out by anyone other than the applicant, you must sign the following statement:

I/We have completed all or part of this application at the direction of the applicant(s).

Signature

Date

DECLARATION OF VOLUNTARY INFORMATION

I know I have the right to keep all medical information private. In other words, I do not have to disclose any medical information to _____, including medical bills and expenses. However, if I wish to receive credit for such medical expenses for the purpose of my rent certification, I must disclose the information and supply documentation required by the rent certification process. **BY DISCLOSING SUCH INFORMATION, I WAIVE MY RIGHT TO PRIVACY WITH RESPECT TO SUCH INFORMATION.**

Head of Household

Date

FOR OFFICE USE ONLY

Date of Application Interview

Time of Application Interview

Type ID viewed for each applicant

Received by: _____

Check & fill in blanks when completed:

1. _____ Birth Certificate verification for each household member.
2. _____ Copy of Social Security number verification for each household member.
3. _____ Release of Information signed by all applicants (forms HUD-9887 & HUD-9887-A)
4. _____ Declaration of Voluntary Information signed by all applicants.
5. _____ Credit Bureau report received on _____.
6. _____ Copy of divorce decree received, if applicable.
7. _____ Verification of disability, if applicable.
8. _____ Letter of Eligibility mailed on _____.
9. _____ Waiting List Policy mailed on _____.
10. _____ Letter of Disapproval mailed to applicant _____.
11. _____ Alien Rule forms – Section 214 completed.
12. _____ Alien rule determination letter mailed on _____.
13. _____ Application approved on: _____ . Initials: _____.

CARING Residential Services
P.O. Box 964 Pleasantville, NJ 08232

Disability/Handicapped Status Verification

Regarding:

Name: _____

SSN: _____

Date: _____

Permission for Release of Information

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature

Date

Medical Professional:

The individual, above, seeks to receive rental assistance in HUD housing that is specifically designated for disabled persons only. Please review the definition below and indicate whether or not the individual meets the requirements for this housing program. Thank you for your prompt response. All information is confidential.

Person with a Disability (Handicapped Person).* [24 CFR 891.505 and 891.305] **A person with disabilities means:**

1. Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2. A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - A. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - B. Is manifested before the person attains age 22;
 - C. Is likely to continue indefinitely;
 - D. Results in substantial functional limitation in three or more of the following areas of major life activity:
 - Self-care,
 - Receptive and expressive language,
 - Learning,
 - Mobility,
 - Self-direction,
 - Capacity for independent living, and
 - Economic self-sufficiency; and

- E. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- 3. A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- 4. Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. (24 CFR 891.505)

Note: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 program.

- 5. A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers with alcoholism or drug addition, provided they meet the definition of "person with disabilities" in Section 811 (42 U.S.C) 8013(k)(2). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or drug addiction (i.e., does not meet the qualifying criteria in Section 811 will not be eligible for occupancy in a section 811 project. (24 CFR 891.305)

I certify that the individual, named above meets the definition, and would qualify for HUD rental assistance. I also certify that this form is completed in response to a direct and explicit request of the patient.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).